

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. A 611 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 12 Months, 12 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Ind

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 317 St Paul St

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 25, 1887

Undertaker, Geo. Rinehart M. D.

Place of Business, Health Office Address, 605 St Paul

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

612

Office of Registrar of Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, 24 June 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Elizabeth Kendlach

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 24 Years, 7 Months, 28 Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 633 S Patterson Park Avenue

Cause of Death, { First (Primary), Phthisis Pulmonalis with Laryngitis }
{ Second (Immediate), Asthenia }

Duration of Last Sickness, about 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 27 1887

Undertaker, H. Sander & Son

B. D. Leonard

M. D.

Medical Attendant.

Place of Business, 1710 Canton St. Address, 313 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department City of Baltimore.

Permit No. A 613 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 24 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Edward Makell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 Years, _____ Months, _____ Days

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 1617 Vincent St

Cause of Death, { First (Primary), Second (Immediate), } Typhoid fever
Coma

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Lawrence Cemetery

Date of Burial, June 25 1887

{ Undertaker, S. W. Chace } H. C. Pole M. D.

{ Place of Business, 641 Howard St } Address, 2102 Madison

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[OVER.]

Health Department City of Baltimore.

Permit No.

A 614

Office of Registrar of Vital Statistics.

Ward

12 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

June 24 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

James H. Matthews

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

Years,

Months,

16

Days.

Color,

Caucasian

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Balt.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give Street and Number.

575 Clifton St.

Cause of Death,

{ First (Primary),

{ Second (Immediate),

Convulsions

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician.

Place of Burial,

St. James Cemetery

Date of Burial,

June 26 1887

{ Undertaker,

Alex Henry

R. M. Hall

M. D.

Medical Attendant.

{ Place of Business,

561 Orchard St.

Address,

1019 D. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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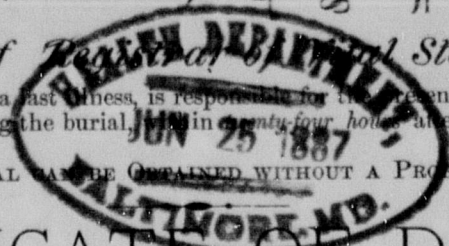
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 615 Office of Health Department Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 25, 87

Full Name of Deceased, Albert H. Fasset { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female { Cross out the word not required in this line. }

Age, 25 Years, 5 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Barber

Birth Place, Penn. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 months

Place of Death, 1838 Eagle St. { Give Street and Number. }

Cause of Death, Mitral Insufficiency { First (Primary), }
Inflammation of Kidneys { Second (Immediate), }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 26

{ Undertaker, J. B. Cook } J. P. Wilson M. D. Medical Attendant.

{ Place of Business, 1003 W. Baltimore St. } Address, 1838 Eagle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

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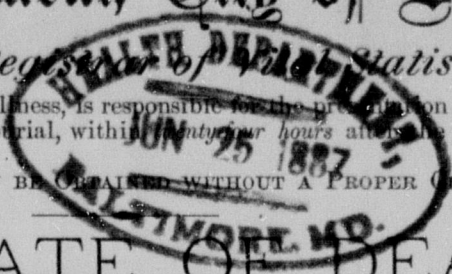
Health Department, City of Baltimore.

Permit No. A 616 Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



a

CERTIFICATE OF DEATH.

Date of Death, June 24/87

Full Name of Deceased, Geo W Adams
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 8 Years, 8 Months, — Days.

Color, white

Married, Single, Widow or Widower, —
{ Cross out the words not required in this line. }

Occupation, —

Birth Place, city
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, —

Place of Death, 819 Croft St
{ Give Street and Number. }

Cause of Death, Dentition
{ First (Primary), Second (Immediate), }
Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park Cemetery

Date of Burial, June 26th 1887

Undertaker, Geo Leimbach

Place of Business, 647 Pratt St Address, Geo D Blum M. D.
1221 Paca
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

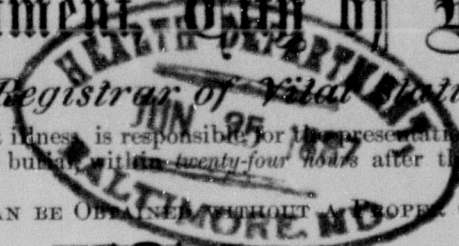
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A. 617 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 24, 1887

Full Name of Deceased, Annie E. White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 Years, _____ Months, _____ Days.

Color, _____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give Street and Number.} Cor. Stricker and Baker sts.

Cause of Death, {First (Primary), Second (Immediate),} Phthisis Pulmonalis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cathedral Cemetery

Date of Burial, June 27th 1887

{ Undertaker, Martins } O. Edward Jannet, M. D. Medical Attendant.

{ Place of Business, 606 W. ... } Address, 832 W. Emlaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

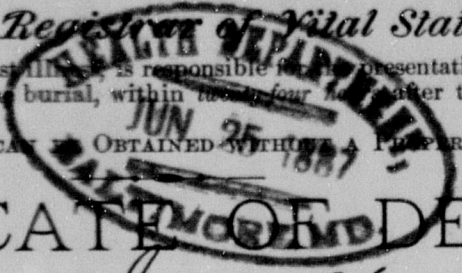
The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 618 Office of Registrar of Vital Statistics. Ward 8²

The Physician, who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four days after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 23 87

Full Name of Deceased, Annie A. Schaal { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female { Cross out the word not required in this line. }

Age, 5 Years, 2 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, _____

Birth Place, Balls Blk { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 832 Neighbn { Give Street and Number. }

Cause of Death, Enterocolitis { First (Primary), Second (Immediate), }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, London Park

Date of Burial, June 25th

Undertaker, R. C. Windefield J. H. Robison M. D. Medical Attendant.

Place of Business, 916 Green Address, 725 Grand Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. A. 619

Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. F. Rowd

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 24 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. }

Cause of death, { First, (Primary,) } Asutition

{ Second, (Immediate,) } Cholera Morbus & Convulsion

Duration of Last Sickness, 2 day

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, June 26th

{ Undertaker, H. C. Wiedefeld

Medical Attendant.

{ Place of Business, 916 Greenmount Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

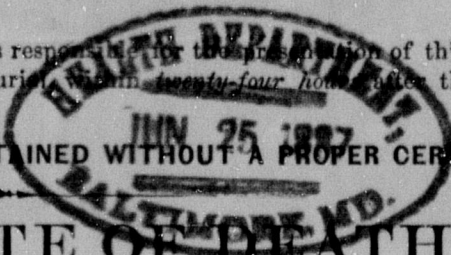
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 620

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

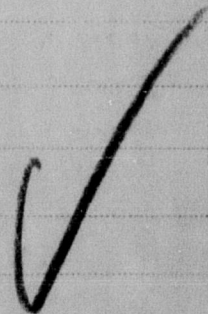
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



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CERTIFICATE OF DEATH.

Date of Death, June 23^d 1887
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Jane Jordan
 Sex, Male or Female, Cross out the word not required in this line.
 Age, 15 Years, Months, Days
 Color, white Sex, Female
 Married, Single, Widow or Widower, Cross out the words not required in this line.
 Occupation, _____
 Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore
 Duration of Residence in the City of Baltimore, Life-time
 Place of Death, Give street and number. 1204 Park av.
 Cause of Death, First (Primary), Second (Immediate), Laminitis
Asthma
 Duration of Last Sickness, 4 1/2 months



All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae
 Date of Burial, June 26th 1887
 Undertaker, Denny Mitchell
 Place of Business, 201 N. Fayette St Address 937 Madison av.
 J. Schorr Michael M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER]